## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10790353

| CLAIMS AS FILED - PART I                       |   |   |  |                                       |              |                  |    |                     | SMALL ENTITY           |      |                     | OTHER THAN             |  |  |
|--|---|---|--|---------------------------------------|--------------|------------------|----|---------------------|------------------------|------|---------------------|------------------------|--|--|
| ΓŦ   | OTAL CLAIMS   |   | (Column 1)                             |                                       | (Column 2)   |                  | 1  | TYPE                |                        | OR   | OR SMALL ENTITY     |                        |  |  |
| FOR  |   |   | 43                                     |                                       | <u> </u>     |                  |    | RATE                | FEE                    | _    | RATE                | FEE                    |  |  |
| -  |   | <del> </del>                              | NUMBER FILED                           |                                       | NUMBER EXTRA |                  |    | BASIC FE            | 385.00                 | OR   | BASIC FEE           | 770.00                 |  |  |
| T  | OTAL CHARGE   | ABLE CLAIMS                               | 45 mi                                  | nus 20=                               | · 28         |                  |    | X\$ <sub>.</sub> 9= |                        | OR   | X\$18=              | YP                     |  |  |
|  | DEPENDENT C   |   | <u>1</u>                               | inus 3 =                              |              | 1:-              |    | X43=                |                        | OR   | X86=                | 86                     |  |  |
| L  |   | NDENT CLAIM P                             |  |                                       |              |                  |    | +145=               |                        | OR   | +290=               |                        |  |  |
| * [1   | the difference  | e in column 1 is                          | less than zero, enter "0" in           |                                       |              | column 2         | •  | TOTAL               |                        | OR   | TOTAL               | 1306                   |  |  |
|  |   |   |  |                                       |              | (Column 3)       | _  | SMALL               | ENTITY                 | OR   | OTHER<br>SMALL      |                        |  |  |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | BER<br>USLY  | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | *   | Minus                                  | **                                    |              | =                |    | X\$ 9=              |                        | OR   | X\$18=              | ·                      |  |  |
| AM   | <u>'</u>  | Independent + Minus                       |  | ENDENT OF AUA                         |              | =                |    | X43=                |                        | OR   | X86=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                                       |              |                  |    | +145=               |                        | OR   | +290=               |                        |  |  |
| ( 17 32 Yr                                     |   |   |  |                                       |              |                  | L- | TOTAL<br>DDIT. FEE  |                        | OR   | TOTAL<br>ADDIT. FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)               |   |   |  |                                       |              |                  |    |                     |                        |      | ADDII. FEET         |                        |  |  |
| 5.   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F    | ER<br>JSLY   | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | *   | Minus                                  | **                                    |              | =                |    | X\$ 9=              | ,                      | OR   | X\$18=              |                        |  |  |
|  | Independent   | *   | Minus                                  | ***                                   |              | =                |    | X43= ·              |                        | OR   | X86=                |                        |  |  |
| l  | FIRST PRESE   | NTATION OF MU                             | LIPLE DEP                              | ENDENT                                | CLAIM        |                  |    | +145=               |                        | OR   | +290=               |                        |  |  |
|  |   |   |  |                                       |              |                  |    | TOTAL<br>DIT. FEE   |                        | OR A | TOTAL<br>DDIT. FEE  |                        |  |  |
|  |   | (Column 1)                                | ······································ | (Column                               |              | (Column 3)       |    | •                   |                        |      |                     | ,                      |  |  |
| MEN  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R            | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | *   | Minus                                  | **                                    |              | = .              |    | X\$ 9=              |                        | OR   | X\$18=              |                        |  |  |
|  | Independent   |   | Minus                                  | ***                                   |              | =                | H  | X43=                |                        |      | X86=                |                        |  |  |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |                                       |              |                  |    | +145=               |                        | OR   |                     |                        |  |  |
| * If   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |  |                                       |              |                  |    |                     |                        | OR   | +290=               |                        |  |  |
| ***  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |  |                                       |              |                  |    |                     |                        |      |                     |                        |  |  |